

#### 4 Dental Insurance Information

##### Primary Insurance

Name of Subscriber \_\_\_\_\_  
Relationship to patient \_\_\_\_\_  
Subscriber's birthday \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Soc. Sec./ID # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Employer \_\_\_\_\_  
Date Employed \_\_\_\_\_  
Occupation \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Group # \_\_\_\_\_  
Ins. Co. Address/Phone # \_\_\_\_\_  
\_\_\_\_\_

Deductible: Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_  
Amount used current calendar year \$ \_\_\_\_\_  
Max. Annual benefit \$ \_\_\_\_\_

##### Additional Insurance

Name of Subscriber \_\_\_\_\_  
Relationship to patient \_\_\_\_\_  
Subscriber's birthday \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Soc. Sec./ID # \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Employer \_\_\_\_\_  
Date Employed \_\_\_\_\_  
Occupation \_\_\_\_\_

Insurance Company \_\_\_\_\_  
Group # \_\_\_\_\_  
Ins. Co. Address \_\_\_\_\_  
\_\_\_\_\_

Deductible: Individual \$ \_\_\_\_\_ Family \$ \_\_\_\_\_  
Amount used current calendar year \$ \_\_\_\_\_  
Max. Annual benefit \$ \_\_\_\_\_

#### 5 Authorization and Release

I authorize the dentist to release any information including the diagnosis and the records of any treatment or examination rendered to my child or me during the period of such Dental care to third party payers and/or other health practitioners.

I authorize and request my insurance company to pay directly to the dentist or dental group insurance benefits otherwise payable to me.

I understand that my dental insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X \_\_\_\_\_  
*Signature of patient or parent if minor*

#### 6 Financial Arrangements

For your convenience, we offer the following methods of payment. Please check the option you prefer.  
Payment is due when service is rendered at each appointment.

Cash    Personal check    Credit Card    Visa    MC

I wish to discuss the payment methods.

***Thank you for filling out this form completely. The information you have provided will help us serve your dental needs more effectively and efficiently. If you have any questions at anytime, please ask - we are always happy to be of services to you.***